APR 1 3 2007 PTO/SB/21 (09-06) Approved for use through 03/31/2007. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** & TRADERIA 10/585,275 TRANSMITTAL Filing Date July 5, 2006 First Named Inventor **FORM** Nancy Dean Art Unit Unknown **Examiner Name** Unknown (to be used for all correspondence after initial filing) Attorney Docket Number H0005430.75230 USA -4018 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Extension of Time Request Terminal Disclaimer below): Request for Refund **Express Abandonment Request** CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name

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Application Number	10/585,275
Filing Date	July 5, 2006
First Named Inventor	Nancy Dean
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	H0005430.75230 USA -4018

I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR  I hereby appoint the practitioners associated with the Customer Number:							
✓ Please change the correspondence address for the above-identified application to: ✓ The address associated with Customer Number: 000062993							
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Firm <i>or</i> Individual Name	Buchalter Nemer, A Professional Corporation						
Address	18400 Von Karman Avenue Suite 800						
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Country	USA	USA					
Telephone	949-760-1121	Email	Email sthompson@buchalter.com				
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Signature 14.1/1							
Name Shannon Votava							
Date 1/8/	07	Telephone	1301140212173				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
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